



Substitute for form 1449A/PTO

INFORMATION DISCLOSURE
STATEMENT BY APPLICANT

Complete if Known

Application Number	10/526,760
Filing Date	March 4, 2005
First Named Inventor	Buehlmayer, Peter
Art Unit	1621
Examiner Name	Brian J. Davis

(Use as many sheets as necessary)

Sheet	1	of	1	Attorney Docket No: NOV-10-US
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US PATENT DOCUMENTS

Examiner Initial *	Cite No	Document Number	Publication Date	Name of Patentee or Applicant of Cited Document	Filing Date if Appropriate
		US 5,604,229	02/18/1997	Fugita <i>et al.</i>	
		US 6,437,165 B1	08/20/2002	Mandala <i>et al.</i>	

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of cited Document	T*
		EP 0 627 406	12/07/1994	YOSHITOMI PHARMACEUTICAL INDUSTRIES, LTD.	
		EP 0 778 263	06/11/1997	YOSHITOMI PHARMACEUTICAL INDUSTRIES, LTD.	
		EP 1 002 792	05/24/2000	YOSHITOMI PHARMACEUTICAL INDUSTRIES, LTD.	
		WO 2002/18395	03/07/2002	MERCK & CO., INC.	
		WO 2002/076995	10/03/2002	ALBERT <i>et al.</i>	

OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T*
		ADACHI <i>et al.</i> , "Design, Synthesis, and Structure-Activity Relationships of 2-Substituted-2-Amino-1,3-Propanediols: Discovery of a Novel Immunosuppressant, FTY720", Bioorganic & Medicinal Chemistry Letters, Vol. 5, No. 8, pp. 853,856 (1995).	

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /BD/

EXAMINER

/Brian Davis/

DATE CONSIDERED

09/17/2009

Substitute Disclosure Statement Form (PTO-1449)
 * EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 909. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. * Applicant's unique citation designation number (optional) * Applicant to place a check mark here if English language translation is attached